State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse



IS THIS AN AMENDMENT? Yes No

2003 OC 16 AM 8: 41

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFOR	MATION	THE RESERVE OF	
Full name of committee (as on Statement of Organization) Check if this is a new name			C THE RESIDENCE THE ONE OF
RON WILKE FOR WESTFIELD	12200 S	courtil	TO BUT WANTED STREET, THE STREET, THE STREET,
2. Acronym or abbreviated name, if any		telephone number	Tection (its base) notice?
print and apparatus, the light was the folio of an proper of Softed de-		1 582-036	
4. Mailing address (address where all campaign finance correspondence is received) Ch	eck if this is a new	w address	netuding any attached colorit
5. City, state, ZIP code	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT NAMED	ion (if applicable)	S THE AN AMENDMENTY O
CARTEL, N. 46033		PLEBLICAN	o di bellimon nell'umotr
CANDIDATE INFORMATION (FOR CAND			
7. Full name of candidate (include any nickname)	8. Party affiliat	ion or if independent	
(LONALD EUGENE WILKE		PUBLICAN	Transmission of the second second
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of		
WESTFIRED TOWN COUNCIL DISTRICT # 1	1111	MILTON	
TYPE OF REPORT			IN CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, an		Check one: Pre-Convention	
	d 20 must be "0")	Pre-Convention	
Underlying Treasurer (within 10 days amend Statement of Organization) 12. Reporting period:		COLUMN A	COLUMN B
From: 4-11-03 Through: 10-17-0	2	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.)	1989.69	
14. Cash on hand and investments January 1, current year.			Ø
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	ibutions.)		建设设设设设设设设
15a. [temized (use Schedule A)		1540.70	4615,70
15b. Unitemized		.6.11. 22	111.670
15c. Add lines 15a, and 15b in both columns	SUBTOTAL .	1540,70	4615.70
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	3530,38	4615,70
(Note: These amounts include in-kind expenditures and loan repayments.)			
		2036,67	1085,32
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	(ND -70	manabra and the sh	acticle and a section
17b. Unitemized	265.70	1770 11	1947,83
17c. Add lines 17a and 17b in both columns	SUBTOTAL	1228,01	117110)
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both col	iumns) TOTAL	1228,01	- 000 000 000 000 000 000 000 000 000 0
19. Debts OWED BY the committee (use Schedule D)	20200	`	
20. Debts OWED TO the committee (use Schedule E)	City Count		

CERTI	-	$\Delta = 1$	OΝ
CERT		-11	OI.
	_		

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE CORRECT AND COMPLETE

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony, (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE N	UMBE	R
De l'alle	BEALD ROY II	,	The this prosper
R DINIS	M. ZMA	10	
Page	2	of	(P

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1. JOHN ATTERN 1911 E. 1612 ST	Contributions: Direct In-Kind (describe)	25,00	25,0	5.20-03
CARREL, CD. 46033	Other Receipts:	tion of any indi- coordinates a contributors	eguzoe eft reini ellion for ollie golostie mad	UPATION: 1 DATION: 1 DATION: 1 DATION: 1
TEIZET MYERS ZIONSVILLE, IN 48077	Contributions: Direct HATS + Bhould S	265.70	265.10	5-1-03 RON WILKE
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	AG-DT-RAE	IULATIVE Y	NO DERICAL LIMIN S CUM
SHELDON + SUZANNE PHELPS 4773 AUSTIN TRACE	Contributions: Direct In-Kind (describe)	250.00	250,00	9-24-03 Ross Wilks
Contributor's Occupation (frequired)	Other Receipts: Interest □Loan Misc (specify)	ey order, NDT anh le necess committes us	e check or moi calved when a Exter the	s bewsom sag st one another YS GBVI3
4. Schedule A. II there is only one page of this Schedule.	Contributions: Direct In-Kind (describe)	A BLUCER	PAGE OF SI	CTAL THIS
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	HEDULE A	16 F.S. OF 30	rberis on Sched
S	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
SUB TOTAL TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary)		\$ 54070 \$		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
complete this schadule. For example, "Pa					
NAM C	AA DKI	AM s	gon la	97345	
Page	3	of	10		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
705 E. MAIN ST	Contributions: Direct In-Kind (describe)	250,00	and maling as	9-18-03
WESTEREUS IN 40074	Other Receipts:	neludnino e i	inhaine nedii	RON
FLYNN + ZINKAN RACTYCO.	Contributions: ☐ Direct ☐ In-Kind (describe)	250,00	550,00	9-19-03
1 NOPLS, IN. 46220	Other Receipts:	YEAR-TO-E	EVITAJUM	RON
Exect PROPERTY GROUP 9777 N. COLLEGE ANG	Contributions:	500,00	Dis Roll Recipies	9-22.53
CARMEL, IN. 46032	Other Receipts: Interest □ Loan □ Misc (specify)	cash is som	sopived when f: Enter Une	RON
E ONLY: Enter (OW THE LAST FACE ONLY) the lotal amount	Contributions: Direct In-Kind (describe)	SUNSTINUES OF ALL PAGE ICHEDULE	S PAGE OF e as the TOTA PAGES OF 1	STOTAL THE Squre is the can TAL OF ALL
	Other Receipts: Interest Loan Misc (specify)	o atugii zidi nu	dula A. Also est	and no especie
	Contributions: Direct In-Kind (describe)			
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
SUB TOTAL THIS TOTAL OF ALL PAGES OF SCHEDULE A O (Enter total on ITEM 15a of the Summary Si		\$ 1,000,00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER			
Page	4	of	1\$	

1.	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	NONE	Contributions: Direct In-Kind (describe)	tress of all co	ta grillina binti r estilina cobol	the full name nitre). This ind
	notushings and to eman that the tall of switnessed at i	Other Receipts: Interest □Loan Misc (specify)	nipaktingo s	gahetas nedig	ORTANT:
2	populario bos. For in-total contributions describe the contribution of the possibility and the contribution including in-total president in or critical receipts for this	Contributions: Direct In-Kind (describe)	nga bay az es (dolstar	SHIT THUC	воместо та МА. А ИМО.
		Other Receipts:	EAR-TO-0	F BVITAJUR	UUN B CUI
3.	min B is the same so the entry in Columny in column.	Contributions: Direct In-Kind (describe)	calendar y	does to his	RECEIVE
		Other Receipts: Interest Loan Misc (specify)	estrimmes	name bavious	ye osvis
L.	ONLY: Steen COM THE LAST PAGE ONLY) the form amount	Contributions: Direct In-Kind (describe)	CHEDULE A	PAGE OF S AGES OF S	COTAL TAUS OF ALL P
		Other Receipts:	t this figure ox	ate A. Aleo ente	ages on Sched
		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest □ Loan Misc (specify)			
	SUB TOTAL TH TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary S	ON THE LAST PAGE ONLY	s Ø		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

STELLOW.	FILE NUMBE	R
124 AL CH	A SHAH O'	nerugani
Page		19

300	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	collical action committee received a transfer-in All moratera- political action committee, or requier perly committee) must	Contributions: Direct In-Kind (describe)	og rises is ass ate's committe	obs gnilism has boss) eathmin invens to ses	emas list act v ma political or lossper besigna
	None	Other Receipts:	en lin in zweit		norman thin both or
2	integrative to list the full name of the contributor.	Contributions: Direct In-Kind (describe)	Dieg even on		es eldT (sellen
		Other Receipts: Interest □ Loan Misc (specify)	REHITO RO	TRIBUTION provided (suc	PE OF COM
3.	den, recieng le-trid, renationem or other social regions	Contributions: Direct In-Kind (describe)	PENGDI: B	ZIHT THUO	EUMN A AM
	abributions, including in-kind, transfers-in or other receipts or B is the same as the entry in Column A.	Other Receipts:	asbnelso	e does le troc	the first re
4.	load Yes observe and nonear orders indicate the fitte the door or deposited in an account. For cash contributions, the ber, NOT when mailed or deposited in an account.	Contributions: Direct In-Kind (describe)	oney order, Mi oney order, Mi cash is soo	the check or a decision when	bevisoer deliker era enolludh
		Other Receipts:		Enter the S PAGE OF e as the TOTAL	SERVED SE STOTAL THE Bure is the sam
5.	Jan	Contributions: Direct In-Kind (describe)	or this figure o	PACES OF C	ALL OF ALL pages on Sch
		Other Receipts: Interest □Loan Misc (specify)			
7	SUB TOTAL TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM 15a of the Summa	A ON THE LAST PAGE ONLY	s 6		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	R
	edule. For east	
Page	6 of_	18

ï	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions: Direct In-Kind (describe)	ess of each po	obs gallism bre	the full name a
	NONE	e to a siliciano como estados, or n	a commisse,	specimen) setti	ampa lecifico.
	-	Other Receipts: Interest □ Loan Misc (specify)			
2.		Contributions:			
		☐ Direct ☐ In-Kind (describe)	tria part ing part ing	obe prilipro bri Ny aostro est	
		Other Receipts:			
		☐ Interest ☐ Loan ☐ Misc (specify)	Calaire a	s usernione	
1.	te box. For thicker contributions describe the general	Engolini usi X0907 XI 742 4/2	A PERMIT OF THE	A PROFIL OCUP	TRUU TU 1
	e, e,	Contributions: Direct In-Kind (describe)			
		In-Kind (describe)	BEEL SUCKES	ERRI INU	JMA A MAU behag ga
			EAR-TO-DA	MLATIVE Y	JANN B CLIR
		Other Receipts: Interest □ Loan Misc (specify)			ar year-to-data
	I is the same as the entry in Column A.	I no do a setos ade se	es leodar 30	dage to its	get littl se
		Contributions: Direct In-Kind (describe)	e bos yab ,din	and one model of	RECEIVE
		☐ In-Kind (describe)	asy crost, NOT	est to fosto si	Distriction and
		Service III Commence	-		
	ontribution for the committee, (IC 3-9-1-25)	Other Receipts:	m eetilmmos	Enter the	YE GEVIE
	(Schedule A. If there is only one page of this Schedule,	This (apouty)	A BUILDERS	PAGE OF S	DIAL THIS
		Contributions:			
	Y: Enter (ON THE LAST PAGE DNLY) the total amount	☐ Direct ☐ In-Kind (describe)	A BUUDER the figure on	AGES OF SI	L OF ALL P
		Other Receipts:			
		☐ Interest ☐ Loan ☐ Misc (specify)			
	SUBTAT	AL THIS PAGE OF SCHEDULE A	s of		
	TOTAL OF ALL PAGES OF SCHEDUI (Enter total on ITEM 15a of the Sumn		\$ 1540.70		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE	NUMBE	R	
			an interest	
'	7	- en-15	14	
Page	- (of	14	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
ode A BOLD INTRUSSION	of hold publical Juddito besito daes to moon half	Direct In-Kind Payment of Debt Returned Contribution Other	41.80	712.78	4-30-03
839 CORDER 45	e come or automorphism to	Purpose:			Common Saskard S - 70
46060	THIS REPORT AND BRUTHER STATE OF THE SECOND	ADGERTIGINE		a do Jeannyste e p legals year land als	receiert, 7 matra company, Albo d
de A BOLD INTRASSED	BOB SMITH	Direct Information Payment of Debt Returned Contribution Other	41.80	754.58	4-30.03
839 CONNERS 50 NOBCES SILLE, IN. 46060	gib urill byg-k lickegyri mikesini	Purpose: DONATION ATTORNETS (16		2 ataltadiana	Continue Types C
BELLAZINO'S	ab arti	Payment of Debt Returned Contribution Other	100,00	100,00	5-6-03
5.12 32 W. WESTFIGUED, IN-46079	OF ALL PAGES OF SCHED	Purpose:	and the last on the	d Burner geo	A require Sype: E
BOLD IMPRESSIONS	ETI no stupil ziro teles o	Gl Direct	414.61	1369.19	10-13.03
NOBLESVILLES, (12 40060		Purpose:		A grinthine Consections on	sdram Type: Au
BANK ONE, NA		Direct In-Kind Payment of Debt Returned Contribution Other	24.30	2430	10-13-03
INDPLS, IN, 40277		Purpose:	Political Camping	etsos elementos	Campagn pa Name etc. Valences
CHARER OF LOTTER		Direct In-Kind Payment of Debt Returned Contribution Other	40,00	86.00	10-1503
322 EMAZN 55		Purpose:		200 lane	uman Types Og
V& GTE (RED 11 46074		FUNDRATSING		Question in action.	DO STATE OF THE ST
HAMBER OF COMB		PDirect in-Kind Payment of Debt Returned Contribution Other	535.00	621,00	4-21.03
322 E. MAN ST		Purpose:	100 600-60	a tostinas pris direita sestenia	menaupocali
WEST FIELD 146014		ANGUENTISUE		tipo esto lo luvi s potostas e pilos	10 - 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
	SUB TOTAL THE	S PAGE OF SCHEDULE B	\$/397.57		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE	NUMB	ER	
				7
,	0	No. 103		_
Page	8	of	((_

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
CARAGE IN 46033	h	Propert In-Kind Propert of Debt Returned Contribution Other Purpose:	432,16	632.16	4-21-03
46033		ADURTISING			
Code		☐ Payment of Debt ☐ Returned Contribution ☐ Other			:
		Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other			,
		Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other			1.
		Purpose:			
Code	3-1	Direct In-Kind Payment of Debt Returned Contribution Other			
		Purpose:			
2ode ⚠		Payment of Debt Returned Contribution Other		N	1 3
		Purpose:			
ode		□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other			
		Purpose:			
	SUB TOTAL THE	S PAGE OF SCHEDULE B	\$439.16		:
	PAGES OF SCHEDULE B O	N THE LAST DACE ONLY	\$2036.67		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE	NUMB	ER	N. S.
Page	9	of	14	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

ter Text of Public Question	PL	JBLIC QUESTION INFORMATION	egge II es not	leaup of dup of	to bell all
e of Question: Statewide sition: Supported Oppose	Local d	the public question is statewide or i	radiodw golia	ned. siste box indica	imetab ne tangga arti
ECIPIENT'S NAME AND MAILING ADDRE (street, number, city, state, ZIP code)	SS TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITU
work	Direct		is the type of	DITURE: Cha	00 BOPE)
, bol	□ In-Kind	I val enutibnesse rispa to imports er	tion: Enter	ONT THIS PE	OHA A RE
adi animateb of zanilabiu	□Direct		POATE: Enter	NEAR THU	MERCE RO
	□ In-Kind				
k ^h .	□Direct				
	□ In-Kind				
	□ Direct		* Hid to	FOR Payment	
	□ In-Kind	azili ör tündering cash in person).			
	□ Direct		200	bnisk-ni	
	□ In-Kind				
eno yino ai i	□ Direct	ter the subtatel for this page of Schine TOTAL OF ALL PAGES ON SC	EDULE Ç: En	AGE OF SCH	
and CVIVO BOA	□ In-Kind	THE LAST PAGE DRLY: Enlar (O	NO 3 EJUG	HDS TO SEE	19 JUA 30
	SUI	B TOTAL THIS PAGE OF SCHEDULE C	s Ø		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

S SALE		FILE	NUMBE	R	2 30
	-		-		
Page_	1	0	- d	1	10.01

INSTRUCTIONS: Please type or print legibly IN BLACK INIX all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE	OUTSTAND BALANCE
& MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZiP code)	NATURE OF DEBT	INCORRED	YEAR-TO-DATE	PERIO
ender's full syme and mailing	ISS: Enter the creditor's or	NARLING ADDRE	MA BMAM AM	780/BJ 7	TORS
NONE	adition or lender may be as firings of value to the con-	g requirement, a or	this reporting	to essecting e	s. For the
anced by a promiseory note,	erest. A debt may be evi-	n tuorifie or without in	sack the deb	tee will pay	timmeo e
ERS OCCUPATION:	r document showing an a	ocount, or any oth	card a	committee	DEBION.
	Source proper more	or Other Hot Contident Control	MI TOCOMITATION		1 602 18 2
	1	ODA ĐỊNG AĐĐI	a emam et dens, of en	OR VENDOS ers. co-endo	RSERTS Tole-on
	ess of the vendor, if more	bbs bne emen edi		ab brass fiber	n estimm
RS OCCUPATION:	enter the card leaver it	n, but do not re-	this colum	Nandor in	fose tel
charged for the loan. Interest				loan, anter	NT: For a
			tinance the	anto yna bra soma ant'i	a loan a A stuber
	smallers are to introduce	a volue o a respe	219 200 10 4		A sh
RS OCCUPATION:	100000000000000000000000000000000000000				
	0.0000000000000000000000000000000000000	DIO STADISTINI OF STA			
he type of debt owed by the tee credit card account."		he debt. This requ		:BT: Enter to nample: "Tos	
				- Serial III	
RS OCCUPATION:	dabt owed by the committee cave a	, day, and year that rending insurance	strom edites	na (danau)	DA TEEL
		signed by the	note was	date the	
	to stell arti noin accords		ens bne-ne	no ne been e	
		,518	berains ed	bluow tname	
S OCCUPATION:	Anii no busaan maaa asaa	AT THE COURS AND THE	101 TO 1 ALL DAY	1-345-3 ESIS	e esuce a
		rting period. The	of this repo	a at the end	
edit card transactions, list vandor transaction in titls	edule 8. For committee of the the arount of éach	raported on Sch	and must b	estimmos ex est of blaces	
S OCCUPATION:	TOTAL SECTION ASSESSMENT STORY	THE RESERVE OF THE PERSON OF T	2019 1 2019	- THE LOSS	THE PERSON NAMED IN
tash each limu moder ripse t	wed by the committee o	siance of the debt	itstanding I	o erd hogen	
belance to the credit card	let the total outstanding on in this column.	anolineessy but	tae credit i	For commit	
	annuace com in the	A STATE OF THE STA			
S OCCUPATION:	bit for this page of Schedul	D: Enter the subto	BAUCSHO	PAGE OF	IKT JAT
	NATION TO DATO!	SUB TOTAL 1	THIS PAGE OF	SCHEDULE D	s of
	DACH SALES WILLIAM TRANSPORT	TRAINE LAST	3 II KO2H 3.2	BARRAAR	/



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

1		FILE	NUMBE	R	
-				-	
	Page	14	of	1\$	-

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
(street, number, city, state, ZIP code)	MAILING ADDRESS(if any) (street, number, city state, ZiP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
duties For example, for this schedule.	pass segan and to segan as of the segan as a segan as a segan and the segan are segan as a segan as	to the second per	e number e	2." This me	78gs-2 of
Mont	er the full name and a loan within the re-	ing Appless; El committee has given	AND MAIL reporting	ER'S NAME to whom th	BORROW the person
mailing address of all reporting committee	or use full name and the loan made by the	ing Appricases and ra, or endorsars, if the	with wirest co-endorse r entity.	co-signars d by another	enelism-co enulism saw
nidally loaned to enother	porting committee i	n erit truema lacioni	Enter the p	THUOMA	ÖRIGINAL person,
nting committee. This as "loan?"*	collected by the repo	ed at tabbed to en	ten the net tign of the	F DEBT: El hort descrip	NATURE C
loan of credit was	, and year that initia	Enter the month, day	CURRED:	GATION II	DATE OBL made by th
poid to the committee		TE: Enter the total a throipal repaid on a	AR-TO-DI omnittee. d on Sone	VE PAID Y	TAJUMUO on a dobt o
ommittee on a luan, it as a receipt and	is also to be treate	sach reporting perior	scaived for	of interest r Schedule A	fruoms arti no behogs
ed at tdeb ent to ed at tdeb ent to be	utstanding balance the cutstanding bal	ERIOD: Enter the c at continue to repart	ICE THIS se. You make	ANG BALA the consmit	SUTSTANK Collected by
of Schedule E. If there	t is extinguished. Ubtotal for this page	DULE E: Enter the I	OF SCHE	THIS PAG	LATOTEUS
LL PAGES ON	as the TOTAL OF A	emiss em si enugh e	a jaupuana	E GIB to the	
ster (ON THE LAST ure on ITEM 20 of the	ST PAGE ONLY: E E. Also enier this fi	pages on Schedula	BHOS RO la lo lauom	ALL PAGES) the total s set.	COTAL OF A PAGE ONLY Summary SI
		SUB TOTAL	THIS PAGE OF	SCHEDULE E	\$ 9
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)					